General Assembly

Distr.: General
9 January 2015

Sixty-ninth session
Agenda item 124

Resolution adopted by the General Assembly on 11 December 2014

[*without reference to a Main Committee (A/69/L.35 and Add.1)*]

69/132. Global health and foreign policy

The General Assembly,

Recalling its resolutions 63/33 of 26 November 2008, 64/108 of 10 December 2009, 65/95 of 9 December 2010, 66/115 of 12 December 2011, 67/81 of 12 December 2012 and 68/98 of 11 December 2013, and reaffirming the outcomes of the major United Nations conferences and summits which have contributed to the advancement of the global health agenda as noted in these resolutions,

Recalling also the Universal Declaration of Human Rights,[1] international humanitarian law, the International Covenant on Economic, Social and Cultural Rights[2] and the Constitution of the World Health Organization,[3]

Reaffirming the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health and to a standard of living adequate for the health and well-being of oneself and one's family, including adequate food, clothing and housing, and to the continuous improvement of living conditions,

Underscoring the responsibility of Member States to build resilient national health systems and strengthen national capacities through attention to, inter alia, service delivery, health systems financing, including appropriate budgetary allocations, the health workforce, health information systems, the procurement and distribution of medicines, vaccines and technologies, sexual and reproductive health-care services and political will in leadership and governance, and recognizing the value and importance of universal health coverage in providing access to quality health services, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the members of the poor, vulnerable and marginalized segments of the population,

Recognizing that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development and that, despite progress made, challenges in global health, including major inequities and vulnerabilities within

[1] Resolution 217 A (III).

[2] See resolution 2200 A (XXI), annex.

[3] United Nations, *Treaty Series*, vol. 14, No. 221.

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and among countries, regions and populations, still remain and demand persistent attention,

Noting the role of the Foreign Policy and Global Health Initiative in promoting synergy between foreign policy and global health and that health inequities within and between countries cannot only be addressed within the health sector by technical measures, or only at the national level, but also require global engagement for health, which is rooted in global solidarity and shared responsibility,

Reaffirming the commitment to the achievement of all the Millennium Development Goals, welcoming progress made in the areas of the Goals that concern health, which are key to achieving all the Goals, and stressing the need to further support initiatives aimed at accelerating progress for their achievement,

Recalling its resolution 68/309 of 10 September 2014, in which it welcomed the report of the Open Working Group on Sustainable Development Goals[4] and decided that the proposal of the Open Working Group contained in the report shall be the main basis for integrating sustainable development goals into the post-2015 development agenda, while recognizing that other inputs will also be considered, in the intergovernmental negotiation process at the sixty-ninth session of the General Assembly,

Underscoring the importance of enhanced international cooperation to support the efforts of Member States to achieve health goals, implement universal access to health services and address health challenges while taking into account different national realities and capacities and respecting national policies and priorities,

Noting the important role that well-coordinated, multistakeholder partnerships with a broad range of actors, including national Governments, local authorities, international institutions, business, civil society organizations, foundations, philanthropists and social impact investors, scientists and academics and individuals, can play in development, supporting public health priorities that contribute to better health outcomes,

Reaffirming the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), the Doha Declaration on the TRIPS Agreement and Public Health, the decision of the General Council of the World Trade Organization of 30 August 2003 on the implementation of paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health and, when formal acceptance procedures are completed, the amendment to article 31 of the TRIPS Agreement, as proposed by the General Council of the World Trade Organization in its decision of 6 December 2005, which provide flexibilities for the protection of public health, and in particular to promote access to medicines for all, and to encourage the provision of assistance to developing countries in this regard, and calling for broad and timely acceptance of the amendment to article 31 of the TRIPS Agreement,

Recognizing that the protection of intellectual property can be important in the development of new medicines,

Recognizing also that attacks upon medical and health personnel result in long-lasting impacts, including the loss of life and human suffering, weaken the

[4] A/68/970 and Corr.1.

ability of health systems to deliver essential life-saving services and produce setbacks for health development, and recalling in that regard General Assembly resolution 68/101 of 13 December 2013 on the safety and security of humanitarian personnel and protection of United Nations personnel, as well as World Health Assembly resolution 65.20 of 26 May 2012,[5]

Noting that attacking, threatening or otherwise preventing medical and health personnel from fulfilling their medical duties undermines their physical safety and the integrity of their professional codes of ethics, and that this impedes the attainment of the right to the enjoyment of the highest attainable standard of health, as well as being a barrier to universal access to health services,

Reaffirming that Member States are responsible for ensuring the protection of the health, safety and welfare of their people and the resilience and self-reliance of the health system and access to health services, which is critical for minimizing health hazards and vulnerabilities and delivering effective prevention, response and recovery in emergencies and disasters,

Expressing deep concern over the current outbreak of the Ebola virus disease, which demonstrates the urgency of having strong health systems capable of implementing the International Health Regulations, pandemic preparedness and universal health coverage that promotes universal access to health services, which would assist in the prevention and detection of possible outbreaks, as well as of having motivated, well-trained and appropriately equipped health workers, and emphasizing the need for Member States and other relevant institutions to extend urgently all possible means of support to the affected countries to end the Ebola outbreak, while noting the importance of evidence-based responses to prevent fear, stigma and discrimination,

Taking note of multisectoral efforts, including the Global Health Security Agenda, to strenghten global capacity to prevent, detect and respond to infectious diseases, in particular by promoting sustainable and resilient national health systems, surveillance systems and response protocols,

Stressing that the right to the enjoyment of the highest attainable standard of physical and mental health, the development of resilient health systems and advancement of the attainment of universal health coverage are enhanced by the respect of Member States, non-State actors and private individuals for the integrity and safety of medical and health personnel in carrying out their duties and of their means of transport and installations,

Acknowledging the need to prevent and address the exposure of health workers to hazardous working environments and violent incidents and the consequent trauma suffered by them in various forms, through, for example, improved specific training in public health administration and services, patient management and other health-worker support mechanisms, so as to ensure the safety, productivity and efficiency of the workforce and improved access to health-care services,

Stressing that medical and health personnel have a duty to provide competent medical service in full professional and moral independence, with compassion and respect for human dignity, and always to bear in mind human life and to act in the patient's best interest under their respective professional codes of ethics,

[5] See World Health Organization, document WHA65/2012/REC/1.

Reaffirming the rules and principles of international humanitarian law, including the provisions of the four Geneva Conventions of 1949 [6] and the Additional Protocols thereto of 1977 [7] and 2005, [8] as applicable, as well as international customary law concerned with the protection of medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, hospitals and other medical facilities,

Reaffirming also the principles of humanity, neutrality, impartiality and independence in the provision of humanitarian assistance and the need for all actors engaged in the provision of humanitarian assistance in situations of humanitarian emergencies, armed conflicts and natural disasters to promote and fully respect these principles,

Deploring acts of violence or threats of violence against medical and health personnel worldwide in armed conflict and emergency situations, and stressing that such acts are detrimental to the development of sustainable health systems and the integrity of the professional codes of ethics of medical and health personnel,

Noting that locally recruited humanitarian personnel and health-care personnel are particularly vulnerable to attacks and account for the majority of casualties among humanitarian and health-care workers,

Recognizing that one of the most serious threats to medical and health personnel is posed by armed conflicts, acknowledging the risk to such personnel in situations that do not constitute armed conflict, and noting that it is the responsibility of national Governments to carry out appropriate preventive and remedial measures,

Reaffirming the role of the World Health Organization as the directing and coordinating authority on international health work in accordance with its Constitution, and acknowledging the key role of the Organization and other relevant international organizations in providing support to Member States, as appropriate and upon request, in the development and implementation of preventive measures to promote the safety of medical and health personnel, their means of transport and installations and respect for their respective professional codes of ethics,

1. *Takes note with appreciation* of the note by the Secretary-General transmitting the report of the Director General of the World Health Organization on global health and foreign policy;[9]

2. *Urges* Member States to protect, promote and respect the right to the enjoyment of the highest attainable standard of physical and mental health and to consider health in a holistic manner, including by considering health issues in the formulation of foreign policy;

3. *Calls upon* Member States to promote adequate incentives and an enabling and safe working environment for the effective retention and equitable distribution of the health workforce and to implement the World Health Organization Global Code of Practice on the International Recruitment of Health

[6] United Nations, *Treaty Series*, vol. 75, Nos. 970–973.

[7] Ibid., vol. 1125, Nos. 17512 and 17513.

[8] Ibid., vol. 2404, No. 43425.

[9] A/69/405.

Personnel[10] as a guide to strengthen health systems through sustainable access to qualified personnel;

4. *Invites* the World Health Organization to provide technical support to Member States upon request in order to strengthen their capacity to deal with public health emergencies and the implementation of the International Health Regulations, with particular focus on developing countries, in order to build capacity, strengthen health systems and promote financial sustainability, training, recruitment and retention of human resources for health and technology transfer on mutually agreed terms;

5. *Calls for* the development and attainment by Member States of resilient and sustainable health systems that accelerate the transition towards universal health coverage in such a way as to ensure undisrupted and accessible services for their populations, and stresses that medical and health personnel should be able to offer appropriate assistance without obstruction, threat or physical attack and in line with their respective professional codes of ethics and scope of practice;

6. *Calls for* all Member States and all stakeholders to respect the integrity of medical and health personnel in carrying out their duties in line with their respective professional codes of ethics and scope of practice;

7. *Recalls* World Health Assembly resolution 65.20,[5] which calls for leadership to be provided at the global level in developing methods for systematic collection of data on attacks on health facilities, health workers, health vehicles and patients in complex humanitarian emergencies, in coordination with relevant United Nations bodies, other relevant actors and intergovernmental and non-governmental organizations, avoiding duplication of efforts;

8. *Strongly condemns* all attacks on medical and health personnel, their means of transport and equipment, as well as hospitals and other medical facilities, and deplores the long-term consequences of such attacks for the population and health-care systems of the countries concerned;

9. *Urges* full respect for the rules and principles of international humanitarian law, including the provisions of the four Geneva Conventions of 1949[6] and the Additional Protocols thereto of 1977[7] and 2005,[8] as applicable, stresses the obligation, in accordance with international humanitarian law and applicable national laws and regulations, to respect and protect medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities, in all circumstances, notes in this regard the role of domestic legal frameworks and other appropriate measures in promoting the safety and protection of such personnel, and urges States to develop effective measures to prevent and address violence against such personnel;

10. *Urges* Member States, in accordance with obligations under relevant provisions of international human rights law, including the right to the enjoyment of the highest attainable standard of physical and mental health, to promote equal access to health services and to respect and protect medical and health personnel from obstruction, threats and physical attacks;

[10] World Health Organization, document WHA63/2010/REC/1, annex 5.

11. *Invites* the World Health Organization and other relevant international organizations to develop their capacity to assist Member States, including through the promotion of research, and, upon request and through technical cooperation and other means, to develop appropriate preventive measures to enhance and promote the safety and protection of medical and health personnel, their means of transport and installations, to improve the resilience of health systems and to promote the effective implementation of universal health coverage;

12. *Notes* that challenges in global health still remain and demand persistent attention, and that this urgently requires the fulfilment of commitments to strengthen the global partnership for development, emphasizing in particular in this regard North-South cooperation, as well as the importance of South-South and triangular cooperation and the exchange of best practices, as well as capacity-building and the transfer of technology on mutually agreed terms, to address health inequities in the context of poverty eradication and sustainable development, in line with national priorities;

13. *Urges* Member States, in cooperation, as appropriate, with relevant international organizations and relevant non-State actors, to develop effective preventive measures to enhance and promote the safety and protection of medical and health personnel, as well as respect for their respective professional codes of ethics, including but not restricted to:

(*a*) Clear and universally recognized definitions and norms for the identification and marking of medical and health personnel, their means of transport and installations;

(*b*) Specific and appropriate educational measures for medical and health personnel, State employees and the general population;

(*c*) Appropriate measures for the physical protection of medical and health personnel, their means of transport and installations;

(*d*) Other appropriate measures, such as national legal frameworks where warranted, to effectively address violence against medical and health personnel;

(*e*) Collection of data on obstruction, threats and physical attacks on health workers;

14. *Requests* the Secretary-General, in close collaboration with the Director General of the World Health Organization, to submit a report on the protection of health workers, which compiles and analyses the experiences of Member States and presents recommendations for action to be taken by relevant stakeholders, including appropriate preventive measures.

69th plenary meeting
11 December 2014